06/12/2006 11:59

Image# 26940184730

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Assn., Inc. Podiatry Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 05 0 1 2006 05 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Gerald Peterson, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM 06 12 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

## Image# 26940184731

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

F	Report Covering the Period: From:	:   01   2006	To: 0 5 3 1 2 0 0 6
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1		291636.04
	(b) Cash on Hand at Begining of Reporting Period	328085.25	
	(c) Total Receipts (from Line 19)	12804.09	184510.89
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	340889.34	476146.93
7.	Total Disbursements (from Line 31)	45815.27	181072.86
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	295074.07	295074.07
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

## For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period:

From:

м м 0 5 01

2006

To:

0 5

<sup>D</sup> 3 1

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	5053.87	121408.86
	(ii) Unitemized	7548.00	61364.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	12601.87	182772.86
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12601.87	182772.86
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	1000.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	202.22	738.03
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12804.09	184510.89
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	12804.09	184510.89

from Line 31).....

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 45.59 498.43 Expenditures..... (c) Total Operating Expenditures 45.59 498.43 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 45769.68 180324.43 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 250.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 250.00 (add Lines 28(a), (b), and (c)) ......... 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 45815.27 181072.86 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

45815.27

181072.86

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	12601.87	182772.86
34.	Total Contribution Refunds (from Line 28(d))	0.00	250.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	12601.87	182522.86
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	45.59	498.43
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	45.59	498.43

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 6 / 23 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Donald G. Hovancsek			Date of Receipt
	Mailing Address 7520 Sandy Point Rd. N	.E.		05 01 7 9 9 9
	City	State	Zip Code	Transaction ID: 12470460
	Olympia	WA	98516-9575	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert P. Matusz			Date of Receipt
	Mailing Address 464 Hillside Ave.			05 01 YYYY 2006
	City	State	Zip Code	Transaction ID: 12470462
	Naugatuck	CT	06770-2726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify)	0 0	250.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr. Jeffrey Dean Martone			Date of Receipt
	Mailing Address Family Foot Care Center 11 Central Ave.	•		05 03 7 9 9 9
	City	State	Zip Code	Transaction ID: 12470472
	East Hartford	CT	06108-3102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-		1
	Other (specify)		250.00	
S	UBTOTAL of Receipts This Page (optional)			750.00

		_		
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/23
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
11	LIVIIZED RECEIF 13	,	Detailed Summary Page	X 11a   11b   11c   12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Assn., Inc. F	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Richard S. Cutler			Date of Receipt
	Mailing Address 361 Granville Rd.			05 03 7 2006
	City	State	Zip Code	Transaction ID: 12470473
	North Granby	CT	06060-1008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Solf Employed 1	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. David Plotkin			Date of Receipt
	Mailing Address 162 Old Short Hills Rd.			05 03 YYYYY 2006
	City	State	Zip Code	Transaction ID: 12470474
	Short Hills	NJ	07078-2122	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	050.00
	federal political committee.	C		250.00
	Self Employed	Occupation		
		Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General  Other (specify) ▼		750.00	]
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Scott M. Soulier			Date of Receipt
٠.	Mailing Address 10281 S. 1000 W.			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 12516750
	South Jordan	UT	84095-8826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		253.87
	Self Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	7
	Primary General	33 230		7
	Other (specify) ▼		253.87	
<u> </u>	UBTOTAL of Receipts This Page (optional)			753.87
$\vdash$	COLOTAL OF HOOOIPLO THIS Lago (optional)			

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 23 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Michael C. Allen			Date of Receipt
Α.	Mailing Address 608 Emmett Creek Ln.			M M / D D / Y Y Y Y
				05 11 2006
	City	State	Zip Code	Transaction ID: 12548178
	Lexington	KY	40515-6068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:		e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial)			Data of Bassist
Б.	Dr. Daniel E. Whitney  Mailing Address 1510 Hawkshead Ln.			Date of Receipt
				05 11 2006
	City	State	Zip Code	Transaction ID: 12548181
	Louisville	KY	40220-3825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	-	e Year-to-Date ▼	_
	Primary General	33 - 3		1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Roy R. Moeller			Date of Receipt
	Mailing Address 8879 Sylvan Ridge			05 11 YYYY 2006
	City	State	Zip Code	Transaction ID: 12548183
	Eden Prairie	MN	55347-3337	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation		
		Podiatris		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		300.00	
	L			
s	UBTOTAL of Receipts This Page (optional)			800.00

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 9 / 23
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Carrinary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Robert G. Levine			Date of Receipt
	Mailing Address 8907 Ayrshire Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12548184
	Louisville	KY	40222-5602	Amount of Each Receipt this Period
		11.	TOPLE GOOD	Amount of Each recorpt this rende
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	1	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
				4
В.	Full Name (Last, First, Middle Initial) Dr. Randall W. Hall			Date of Receipt
	Mailing Address 117 Regency Way #A			M M / D D / Y Y Y Y
				05 11 2006
	City	State	Zip Code	Transaction ID: 12548200
	Elizabethtown	KY	42701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
		Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		200.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	Dr. Charles M. Tirone  Mailing Address 459 General Dr.			Date of Receipt
	Mailing Address 459 General Dr.			05 11 2006
	City	State	Zip Code	Transaction ID: 12548216
	<u>Ft Wright</u>	KY	41011-1863	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
	<u> </u>			
s	UBTOTAL of Receipts This Page (optional)			750.00
H	,			-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 23
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED REGEN 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
۸r	w information copied from such Poperts and Sta	tomonte may	ret be sold or used by any perso	
or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Michael Morrill			Date of Receipt
	Mailing Address 3200 Penbroke Pl.		7.0	05 11 2006
	City	State	Zip Code	Transaction ID: 12548220
	Lexington	KY	40509-2016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		230.00	
3.	Full Name (Last, First, Middle Initial) Dr. Michael R. Joyce			Date of Receipt
	Mailing Address 519 S. Van Buren Rd. #I			05 12 2006
	City	State	Zip Code	Transaction ID: 12549705
	Eden	NC	27288-5015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n	
		Podiatris	•	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		500.00	
				'
Э.	Full Name (Last, First, Middle Initial) Dr. Gerard J. Kerbleski			Date of Receipt
	Mailing Address 10105 Florence Ave. N.E	Ξ		05 15 2006
	City	State	Zip Code	Transaction ID: 12550103
	Albuquerque	NM	87122-3911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		230.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
_	OTAL This Deviced (lost research line records)	ala d		
- 1	OTAL This Period (last page this line number or	ııy)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)  Use separate schedule(s)			FOR LINE NUMBER: PAGE 11/23	
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Δr	w information copied from such Reports and St	tatomente may	y not be sold or used by any perso	
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Mark S. Isenberg			Date of Receipt
	Mailing Address 450 Hickorynut Ave.	01-1-	7. 0.4.	05 18 2006
	City	State	Zip Code	Transaction ID: 12554516
	Oldsmar	FL	34677-2017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Dr. David Glen Wade			Date of Receipt
	Mailing Address 1804 Elmhurst Ave.			05 19 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12561203
	Nichols Hills	OK	73120-4718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	-
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. William Friedman			Date of Receipt
	Mailing Address 31 E. San Miguel			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12578655
	Phoenix	AZ	85012-1336	Amount of Each Receipt this Period
	FEC ID number of contributing			_ · · · · · · · · · · · · · · · · · · ·
	federal political committee.	С		200.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		300.00	
	Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			700.00
$\vdash$				
	OTAL This Period (last page this line number	only)		. [

## **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 12/23 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Podiatry Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Ronald G. Cervetti Date of Receipt Mailing Address Cedar Valley Podiatry 0 5 22 2006 4025 University Ave. City Zip Code State Transaction ID: 12582369 Waterloo IΑ 50701-5639 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Self Employed Occupation **Podiatrist** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number only)	<b>•</b>	5053.87

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 23 (check only one)  11a 11b 11c 12  13 14 15 16 17 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry Political Action Committee	
Full Name (Last, First, Middle Initial) Investment Account, Interest/Dividends Mailing Address 100 Light St., 19th Floor City	or State Zip Code	Date of Receipt    M
Baltimore FEC ID number of contributing federal political committee.	MD 21202-1036	Amount of Each Receipt this Period  202.22
Name of Employer Citigroup Global Markets, Inc.  Receipt For:  Primary General Other (specify) ▼	Occupation Investment Firm Aggregate Year-to-Date ▼  738.03	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	202.22
TOTAL This Period (last page this line number only)	<u> </u>	202.22

## Image# 26940184743

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5(	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 14/23
ĺΤ	EMIZED DISBURSEMENTS	for each category of the	(check onl	y one)
• •	LIMIZED DIODOTIOEMENTO	Detailed Summary Page	X 21b	22 23 24 25 26
		, ,	27	28a 28b 28c 29 30b
	y Information copied from such Reports and Stat		, , ,	
or t	for commercial purposes, other than using the na	me and address of any political co	mmittee to so	olicit contributions from such committee
\	NAME OF COMMITTEE (In Full)			
/	American Podiatric Medical Assn., Inc.	Podiatry Political Action Com	mittee	
	Full Name (Last, First, Middle Initial)			Transaction ID: 12619474
۹.	Investment Account, Interest/Dividends			Date of Disbursement
				05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 100 Light St., 19th Flo	or		05 0 0 6
	City	State Zip Code		Amount of Each Disbursement this Period
	Baltimore	MD 21202-1036		
	Purpose of Disbursement	r		45.59
	Interest Expense		001	
	Candidate Name		Category/	
			Type	
	Office Sought: House Disbu	sement For:		Interest Expense
	Senate	Primary General		Interest Expense
	President	Other (specify) ▼		
	State: District:			

		-	-		-	-	45.50
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American Podiatric Medical Assn., In	e. Podiatry Political Action Co	ommittee		
Full Name (Last, First, Middle Initial)			Transaction ID: 12518084	
Vic Snyder for Congress Committee			Date of Disbursement	Y Y
Mailing Address PO Box 250998			05 7 0 9 7 2	0 0 6
City Little Rock	State Zip Code AR 72225		Amount of Each Disbursemen	
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Candidate Name Mr. Vic Snyder		011 Category/ Type		
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Senate President	Primary General X Other (specify) ▼			
State: AR District: 2 20	06 Primary Electio			
Full Name (Last, First, Middle Initial)			Transaction ID: 12518079	
Congressman Joe Barton Committee	The		Date of Disbursement	* V * V
Mailing Address P.O. Box 1444			0 5 0 9 7 2	0 0 6
City Ennis	State Zip Code TX 75120		Amount of Each Disbursemen	
Purpose of Disbursement		011	1	00.00
Candidate Name Rep. Joe L. Barton		011 Category/ Type		
	bursement For: 2006	. )   0		
Senate	Primary General			
President State: TX District: 6 20	X Other (specify) ▼ 06 General Electio			
Full Name (Last, First, Middle Initial)			Transaction ID: 12518080	
Moran For Congress			Date of Disbursement	
Mailing Address PO Box 2518			05 7 09 7 2	0 0 6
City Alexandria	State Zip Code VA 22301		Amount of Each Disbursemen	t this Period
Purpose of Disbursement		-	1	000.00
Candidate Name		O11		
Rep. James P. Moran		Category/ Type		
	bursement For: 2006			
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/	American Podiatric Medical Assn., Inc. F	Podiatry Political Action Co	mmi	ttee								
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٠.	Weldon Victory Committee					ММ	Disburs		Y Y	· · · ·	Υ	
	Mailing Address P. O. Box 1992					0 5		9 /	2	0 Ď 6		
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	Full Name (Last, First, Middle Initial)					Transa	ction ID	: 125180	 )81			
3.	Weldon Victory Committee						Disburs					
	Mailing Address P. O. Box 1992					0 <sup>M</sup> 5 M	/ D	9 /	ź	0 ŏ 6	Y	
	City Media	State Zip Code PA 19063				Amoun	t of Each	Disburse	∍men	t this F	Perio	d
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_	Full Name (Last, First, Middle Initial)	<del>-</del>				Transa	ction ID	: 125180	 )83			
).	Allyson Schwartz For Congress						Disburs					
	Mailing Address P.O. Box 45706					0 <sup>M</sup> 5 M	/ D	9 /	Ź	0 ŏ 6	Y	
	City Philadelphia	State Zip Code				Amoun	t of Each	Disburse	men	t this F	Perio	b
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	Candidate Name Rep. Allyson Schwartz			egory/ ype								
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$\rangle$	American Podiatric Medical Assn., Inc. P	odiatry Political Action C	omm	ni	ttee								
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	: 125	518082	<u> </u>	
Α.	Charles Boustany Jr. For Congress							of Di	isburs			V	* V
	Mailing Address Post Office Box 80126						0 5	IVI	′	9	′ <u>L</u>	ž 0 ŏ	6
	City Lafayette	State Zip Code LA 70598					Amou	int o	f Each	Disk	ourseme	ent this	Period
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	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	: 125	548370	)	
В.	Campbell Catering, LLC							_	isburs			.,,	
	Mailing Address 2502 N. East Street						o <sup>M</sup> 5	M	<sup>/</sup> 1	1	/ L	žoŏ	6 <sup>Y</sup>
	City Lansing	State Zip Code MI 48906					Amou	int o	f Each	Disk	ourseme	ent this	Period
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	Candidate Name Rep. Michael J. Rogers				egory/ ype								
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٠.	SNOWE FOR SENATE							of Di	isburs			YY	Y
	Mailing Address P.O. BOX 2000						0 5		1	6	L.	ž 0 ŏ	6
	City Portland	State Zip Code ME 04104					Amou	int o	f Each	Disk	ourseme	ent this	Period
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	y Information copied from such Reports and Stator for commercial purposes, other than using the na							ns .
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.							
۹.	Full Name (Last, First, Middle Initial) Rogers For Congress				Transaction II Date of Disbur	sement		
	Mailing Address Post Office Box 581				05	16 / Y	ž 0 ŏ	3 <sup>Y</sup>
	City Brighton	State Zip Code MI 48116			Amount of Eac	h Disburse		
	Purpose of Disbursement  Candidate Name		_[	011			943.	90
	Rep. Michael J. Rogers	rsement For: 2006		Category/ Type				
	Senate President	Primary Gene X Other (specify) ▼ Primary Electio	eral					
3.	Full Name (Last, First, Middle Initial) Rogers For Congress	Timury Lissue			Transaction II Date of Disbur		47	
	Mailing Address Post Office Box 581				05	16 / Y	ž 0 ŏ	6 <sup>Y</sup>
	City Brighton	State Zip Code MI 48116			Amount of Eac	h Disburse		
	Purpose of Disbursement  Candidate Name		_[	011			3056.	10
	Rep. Michael J. Rogers			Category/ Type				
	Senate President	rsement For: 2006 Primary Gene X Other (specify) General Electio	ral					
Э.	Full Name (Last, First, Middle Initial) Ben Cardin For Senate	Gonoral Electio			Transaction II Date of Disbur	sement	40	
	Mailing Address PO Box 65056				05	16 / Y	ž 0 ŏ	6 <sup>Y</sup>
	City Baltimore	State Zip Code MD 21209			Amount of Eac	h Disburse		
	Purpose of Disbursement  Candidate Name		_[	011 Category/			2500.	00
	Mr. Benjamin Cardin			Type				
	X Senate President	rsement For: 2006 Primary Gene  X Other (specify) ▼ Primary Electio	eral					
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$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry Political Action C	omm	nit	tee									
_	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID	: 12	58203	38		
Α.	Bingaman 2006						- 14	of D м	isburs		nt	· v	V	V
	Mailing Address PO Box 16210						0 5	IVI	2	23		20	) Ď 6	
	City Albuquerque	State Zip Code NM 87191					Amou	ınt o	f Each	n Dis	burser	nent t	his P	eriod
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В.	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID	: 12	58208	38		
Ь.	Gene Green Congressional Campaign							_	isburs		nt	· v ·	V	V
	Mailing Address PO Box 16128						0 5	М	/ D 2	23	/   4	Ž 0	ó 6	Y
	City Houston	State Zip Code TX 77222					Amou	ınt o	f Each	n Dis	burser	nent t	his P	eriod
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	Candidate Name Rep. Gene Green		Ca	ate	egory/	1								
	·	rsement For: 2006		1 )	/pe									
	Senate	Primary General												
	President	X Other (specify)												
	State: TX District: 29 2006  Full Name (Last, First, Middle Initial)	General Electio								4.0	5000			
C.	Don Payne For Congress						Date		isburs	eme	58224 nt		V *	V
	Mailing Address P.O. Box 2406 P.O. Box 2406						0 5		2	23		20	) Ď 6	
	City Newark	State Zip Code NJ 07114					Amou	ınt o	f Each	n Dis	burser	nent t	his P	eriod
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	Candidate Name Rep. Donald M. Payne		Ca	ate	egory/ /pe	_								
	Office Sought: X House Disbu Senate President	rsement For: 2006 Primary General X Other (specify)	•											
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$\rangle$	American Podiatric Medical Assn., Inc. Po	diatry Political Action	n Comn	nit	tee									
	Full Name (Last, First, Middle Initial)						Transa	ction	ID: 1	25822	241			
٠.	Diana Degette For Congress						Date of				· · ·	V	٧	
	Mailing Address 770 Grant Street Suite 23 770 Grant Street Suite 23						05	] [	2 3		2	0 Ď 6		
	,	State Zip Code CO 80203					Amoun	t of E	ach D	isburse	emen	t this P	erioc	4
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	Candidate Name Rep. Diana DeGette				gory/ pe									
	Office Sought: X House Disburse Senate	ment For: 2006 Primary Gene	eral											
	President X	Other (specify)												
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3.	Full Name (Last, First, Middle Initial) Castle Campaign Fund						Transa Date of				35			
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	Mailing Address P.O Box 133						0 5		2 3		2	0 Ó 6		
	,	State Zip Code DE 19899					Amoun	t of E	ach D	isburse	emen	t this P	erioc	1
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	Candidate Name Rep. Michael N. Castle				gory/ pe									
	Office Sought: X House Disburse Senate	ment For: 2006 Primary Gene	eral											
		Other (specify) ▼												
		eneral Electio				+								
).	Full Name (Last, First, Middle Initial) Bachus For Congress						Transa Date of		-		)40			
	Mailing Address Po Box 59444						0 5	/	2 3		ž	0 Ď 6	Υ	
	,	State Zip Code AL 35259					Amoun	t of E	ach D	isburse	emen	t this P	erioc	t
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$\rangle$	American Podiatric Medical Assn., Inc. I	Podiatry Political Action	Comn	ni	ttee									
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 12	58204	43		
Α.	Michaud For Congress							of D м	isburs		nt	V	· V ·	V
	Mailing Address 213 Lisbon Street						o <sup>M</sup> 5	M	2	23	/   1	ž	οŏ	6
	City Lewiston	State Zip Code ME 04240					Amou	ınt o	f Each	n Dis	burse	ment	this I	Period
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	Candidate Name Rep. Michael H. Michaud				egory ype	//								
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	State: ME District: 2 2006 Full Name (Last, First, Middle Initial)	Philiary Electio								4.0	<b>5004</b>			
В.	Lee Terry For Congress						Date	of D	isburs	eme	58218 nt		* W *	V
	Mailing Address P.O. Box 540098						0 <sup>M</sup> 5	М	/ D 2	23	/ L	ž	οŏ	5 <sup>Y</sup>
	City Omaha	State Zip Code NE 68154					Amou	ınt o	f Each	n Dis	burse	ment	this	Period
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	Candidate Name Rep. Lee Terry		C	at	egory	//								
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		General Electio												
C.	Full Name (Last, First, Middle Initial) John Lewis For Congress								on ID		58204 nt	41		
	Mailing Address 1520 Pinehurst Drive S	w					0 <sup>M</sup> 5	М	/ D2	2 3	/ Y	ž	οŏ	8 Y
	City Atlanta	State Zip Code GA 30311					Amou	ınt o	f Each	n Dis	burse	ment	this I	Period
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	Candidate Name Rep. John Lewis				egory	//								
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$\rangle$	American Podiatric Medical Assn., Inc. Po	diatry Political Action C	omm	ittee							
`	Full Name (Last, First, Middle Initial)						action II		-		
٦.	John Sullivan For Congress						f Disbur			YY	Υ
	Mailing Address Post Office Box 470840					0 5		23	2	ž 0 ŏ 6	
		State Zip Code OK 74147				Amour	nt of Eac	h Disbu	ırseme	nt this F	eriod
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	Candidate Name Rep. John Sullivan			tegory/ ype							
	Office Sought: X House Disburse Senate	ment For: 2006 Primary General									
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3.	Full Name (Last, First, Middle Initial) Porter For Congress						action II				
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	Mailing Address PO Box 26087					0 5		23	2	2006	
	•	State Zip Code NV 89126				Amour	nt of Eac	h Disbu	ırseme	nt this F	eriod
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	Candidate Name			011							
	Rep. Jon C. Porter			tegory/ ype							
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 D.	Full Name (Last, First, Middle Initial) Baker For Congress Committee						action II f Disbur				
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	Mailing Address Post Office Box 1694					0 5				Ž 0 Ď 6	
	,	State Zip Code LA 70821				Amour	nt of Eac	h Disbu	ırseme	nt this F	eriod
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	Candidate Name Rep. Richard H. Baker			tegory/ ype							
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American Podiatric Medical Assn., Inc. P	odiatry Political Action Com	nmittee				
Full Name (Last, First, Middle Initial)				n I <b>D</b> : 125820	37	
Candice Miller For Congress			Date of Disl		/ Y Y	Υ
Mailing Address P.O. Box 182152			05	23 /	Ź0Ŏ6	
City Shelby Township	State Zip Code MI 48318		Amount of E	Each Disburse	ement this P	eriod
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Candidate Name		011				
Rep. Candice S. Miller		Category/ Type				
	ement For: 2006					
Senate President	Primary General Other (specify) ▼					
State: MI District: 10 2006 F	rimary Electio					
Full Name (Last, First, Middle Initial)  Norm Dicks For Congress			Transaction Date of Disl	n ID: 125820	36	
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Mailing Address PO Box 1663			0 5	23	2006	
City Tacoma	State Zip Code WA 98401		Amount of E	Each Disburse	ement this P	eriod
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Candidate Name		011				
Rep. Norman Dicks		Category/ Type				
9 1	ement For: 2006					
Senate President	Primary General Other (specify) ▼					
State: WA District: 6 2006 F	rimary Electio					
Full Name (Last, First, Middle Initial) Susan Davis For Congress			Transaction Date of Disl	n ID: 125820 bursement	65	
Mailing Address 144 West D St			05	23 /	Ź 0 Ŏ 6	Y
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Purpose of Disbursement		011	-			
Candidate Name Rep. Susan Davis		Category/ Type				
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